UNIFORM HAZARDOUS WASTE MANIFEST	elite (12-pitch) typewriter.) 1. Generator's US EPAID No. C_1A_1X_10_10_10_13_14_34_8	Manifest Document N	o. 2. Pe	ge 1 Infor	mation in	the shaded a lired by Fed
3. Generator's Name and Mailing Address LABET, HOUSE 9852 Dupree, S. El Monte 4. Generator's Phone (15	36544	077	
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES 7. Transporter 2 Company Name	[C]A[D]0[4]2]	1D Number 2 4 5 0 0 1D Number	0. Sec 1 D. Tre	te Transporter	213/	2/73° 698-0991
9. Designated Facility Name and Site Address CMEGA RECOVERY SERVICES 12504 E. Whittier Bvd. Whittier, Ca. 90602	• 10. USEPA	11 1 1 E	G. Sta	Facility's ID CAD042245 dility's Phone 213/698-0	001	
11. US DOT Description (Including Proper Ship)			Type	13. Total Quantity	14. Unit Wt/Vol	Waste M
WASTE ORM-A N.O.S, NA 169 (Flexosolvent)	3 ORM-A ORM-A	0 4	DM	1420	P	211
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			Ш	ш		
Additional Descriptions for Materials Listed		111		1111		

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

cial Handling Instructions and Additional information

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization cartification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name

L	VENOBERA BARRAN	Lewbeha Faces	Month Day Year VI 121/1817
	17. Transporter 1 Acknowledgement of Receipt of Materials		7 1/1 1/2/11/2
	LIM BATIFORA	La Balliero	Month Day Year
1	18. Transporter 2 Acknowledgement of Receipt of Materials	100.00	- 14.14.18I/
	Printed/Typed Name	Signature	Month Day Year
I	19. Discrepancy Indication Space		
1			

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature

DHS 8022 A (11/85) EPA 8700—22)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento CA 95812

Month Day